



SUMMARY OF EVIDENCE

I IDENTIFICATION

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I.D. #

II ACTION CLAIMANT IS APPEALING

The claimant is appealing <his/her> allocation of weekly service hours approved for Long Term-Personal Care Services (LT-PCS).

Medicaid policy references used in the decision are from the:

- *Louisiana Administrative Code 50:XV.12901.C & D.*
(Exhibit A)

III EXPLANATION OF ACTION

Each person requesting LT-PCS is assessed using the Minimum Data Set-Home Care (MDS-HC) assessment tool. The MDS-HC is a scientifically validated and reliability tested, comprehensive and standardized instrument for evaluating the needs, strengths, and preferences of elderly and individuals with adult onset disabilities. The MDS-HC has been designed to be compatible with the congressionally mandated Resident Assessment Instrument (RAI), MDS used in nursing homes in the United States and several countries abroad. The RAI, MDS-HC consists of the Minimum Data Set for Home Care (MDS- HC)

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and the Client/Clinical Assessment Protocols (CAPs). The MDS-HC is designed to verify that an individual meets nursing facility level of care, and to identify a person's need for support in conducting activities of daily living (ADLs) and instrumental activities of daily living (IADLs) during a specified observation period called the "look-back" period.

Section H.2. of the MDS-HC, "Physical Functioning," collects information regarding the assistance one received with Activities of Daily Living (ADLs) **during the specified 3-day look-back period.** While the form asks for information about a number of activities, there are four important ADLs that are considered in determining the maximum number of hours of LT-PCS services one can receive. These are:

- getting in or out of bed, a chair, a couch (excludes getting on and off the toilet) (Transferring)
- going from a lying to a sitting position and turning from side to side in bed (Bed mobility)
- using the toilet (including getting on and off the toilet), (Toilet Use) and
- eating (how the individual actually consumed/ate the food, excluding preparation of the food itself) (Eating).

The assessment looks at how much help one received in performing these activities, "looking back" 3-days from the assessment date. Based on the amount of assistance received in each of the four ADLs (transfer, bed mobility, toileting, and eating), an ADL Index is calculated to determine the overall level of assistance. The ADL Index determines the range of LT-PCS hours available each week. **(Exhibit A & Exhibit B)**

Once the range of hours is determined, a Plan of Care is developed. Through the care-planning process, the actual number of hours of assistance is determined. The actual number cannot exceed the maximum number in the ADL Index,

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unless the recipient shows that he/she needs more hours to avoid entering a nursing home. However, no one can receive more than 32 hours of LT-PCS a week, the maximum number of hours allowed under this program.

Using the MDS-HC, an initial/annual assessment was conducted in the recipient's home on Date. The MDS-HC assessment was conducted by Office of Aging and Adult Services (OAAS) trained and certified Client Assessment Specialist, Assessor's Name. Mr. /Ms. Recipient's Name and list others who were present during this assessment and participated in responding to the MDS-HC questions asked during the assessment process.

According to the assessment conducted on Date, Recipient's Name received an ADL Index of X, which allows up to XX hours of LT-PCS a week. **(Exhibit C)**

A Plan of Care was developed based on information collected during the assessment process. All documents were reviewed by OAAS designated staff in order to determine that the recipient:

- 1) met the requirements for a nursing facility level of care;
- 2) met LT-PCS eligibility criteria, and;
- 3) that the assigned services were appropriate and in accordance with individual preferences and freedom of provider choice;
- 4) that based on the information available, an accurate assessment was performed and the resulting plan of care was correct.

LT-PCS was approved at XX hours per week, per the assessment performed on Date. **(Exhibit C)**

OAAS sent Recipient's Name an approval notice on Date. **(Exhibit D)**

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A request for an appeal was received on **Date** requesting an increase in weekly service hours.

Upon receipt of the appeal, OAAS designated staff reviewed the case and determined that based on the information available, an accurate assessment was performed, and the resulting plan of care was correct.

The position of OAAS is that the approval of **Mr. /Ms's Name** *allocation of weekly service hours* prior authorized for LT-PCS is appropriate at **XX** hours per week.

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IV RELATED DOCUMENTS

Exhibit A: *Louisiana Administrative Code*
(2 pages) 50:XV.12901.C & D

Exhibit B: How Louisiana Determines Long Term
(2 pages) Personal Care Services (LT-PCS) Hours
(OAAS-RC-10-002).

Exhibit C: Minimum Data Set – Home Care Assessment
(X pages) Results dated Date, Plan of Care and
assessor's notes.

Exhibit D: LT-PCS decision letter dated Date.
(X pages)

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